| JUN 1 6 2006 | on Act of 19 | 995, no person are requ | ired to r | U.S. Pater espond to a collection | t and Trade | proved for use throu emark Office; U.S. Di ation unless it displa | gh 7/31/2006. OF | COMMEDCE | |
|---|---------------------------------------|-------------------------|-----------|--------------------------------------|---------------------------|---|------------------|----------|--|
| Effective | on 12/08/20 | 004. | | | Co | mplete if Knov | | | |
| Fees pursuant to the Consolidated | | | 1818). | Application Nu | mber | 10/644,976-C | onf. #6358 | | |
| FEE TRA | NSN | ЛІТТАL | - (| Filing Date | | August 21, 20 | 003 | | |
| For F | V 20 | 05 | Į. | First Named In | ventor | Shouhei KOZ | AKAI | | |
| | 1 20 | 00 | | Examiner Name | <u> </u> | J. Robertson | | | |
| Applicant claims small e | ntity status | s. See 37 CFR 1.27 | | Art Unit | | 1712 | | | |
| TOTAL AMOUNT OF PAYM | ENT | (\$) 330.00 | | Attomey Docket No. 0171-1012P | | | | | |
| METHOD OF PAYMENT | (check a | ll that apply) | | | | | | | |
| X Check Credit Car | L | Money Order | Non | | (please ide | entify): Stewart, Kolasci | h & Birch II | | |
| For the above-identifi Charge fee(s) in X Charge any address fee(s) under 37 | ed depos ndicated l litional fe | it account, the Dire | ctor is | hereby authoriz | ed to: (ch je fee(s) i | |) | | |
| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SEARCH, | | | | | | | _ | | |
| | FIL | ING FEES Small Entity | SEA | ARCH FEES Small Entity | | INATION FEES Small Entity | 5 | | |
| Application Type | Fee (\$) | | Fee (\$) | | <u>Fee (\$</u> | | Fees Pa | id (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | |
| Design | 200 | 100 | 100 | 50 - | 130 | 65 | | | |
| Plant | 200 | 100 | 300 | 150 - | 160 | 80 | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES Fee Description | | | | | | | Fee (\$) | Fee (\$) | |
| Each claim over 20 (includin | g Reissu | es) | | | | | 50 | 25 | |
| Each independent claim over | 3 (includ | ding Reissues) | | | | | 200 | 100 | |
| Multiple dependent claims | | | | | | | 360 | 180 | |
| <u>Total Claims</u> <u>Extra C</u> | aims | Fee (\$) | Fee P | aid (\$) | | Multiple Depend | dent Claims | | |
| 1620= | × | = | | | ! | Fee (\$) | Fee Paid (\$) | | |
| Indep. Claims Extra C | aims | Fee (\$) | Fee P | aid (\$) | | . | | - | |
| 54=1 | × | 200.00 = | 200 | 0.00 | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | |

| | listings under 37 CFF | R 1.52(e)), the app | lication size fee due is \$250 (\$125 for small entit C. 41(a)(1)(G) and 37 CFR 1.16(s). | • | • |
|---|--------------------------|---------------------|---|----------|----------------|
| | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| İ | 100 = _ | | (round up to a whole number) x | | · |
| 4 | . OTHER FEE(S) | | | | Fees Paid (\$) |
| | Non-English Specifica | ition, \$130 fee (n | o small entity discount) | | |
| | Other (e.g., late filing | surcharge): 1814 | Statutory Disclaimer | | 130.00 |

| SUBMITTED BY | | | | | |
|-------------------|------------------|-----------------------------------|--------|-----------|----------------|
| Signature | [L.M] | Registration No. (Attorney/Agent) | 32,868 | Telephone | (703) 205-8000 |
| Name (Print/Type) | Andrew D. Meikle | | | Date | June 16, 2006 |



| AME | Docket No. 0171-1012P | | | | |
|--|--|--|--|---|----------|
| Application No. Filing Date Examiner 10/644,976-Conf. #6358 August 21, 2003 J. Robertson | | | | | Art Unit |
| Applicant(s): Sho | | | | | |
| Invention: SILICO | ONE ADHESIVE | E AND ADHES | SIVE FILM | | |
| MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 22 | 313-1450 | | | | |
| Transmitted here The fee has bee | | | | * * | |
| The ree has bee | ii calculated all | | | | |
| | Claims | Highest | S AS AMENI | 750 | |
| | Remaining After Amendment | Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 16 | - 20 = | | x | |
| Independent Claims | 5 | - 4 = | 1 | x 200.00 | 200.00 |
| Multiple Depen | dent Claims (ch | eck if applicabl | e) | | |
| Other fee (pleas | se specify): | Statutory Disclair | mer | | 130.00 |
| TOTAL ADDIT | IONAL FEE FO | OR THIS AME | NDMENT: | | 330.00 |
| Please char A duplicate X A check in t Payment by X The Directo as describe X Credit a X Charge Andrew D. Mei Attorney Reg. | al fee is require ge Deposit Acc copy of this she he amount of \$ credit card. For r is hereby auth d below. A dup any overpaymer any additional fil kle No.: 32,868 | eet is enclosed 330.00 orm PTO-2038 norized to charalicate copy of the | is enclor is enclor is attached. ge and credit this sheet is each or processing the street is each | Deposit Account Nenclosed. fees required under | · |
| 8110 Gatehous Suite 100 East P.O. Box 747 | /irginia 22040- | | _P | | |